	MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION INFORMATION TECHNOLOGY **DESE Web Systems User ID Request Form - Sheltered Workshops**

Sheltered Workshop Name:	Sheltered Workshop County/District Code: _

Email address:

Directions

Fill in the First, Middle and Last Name, Birth Date and Mother's Maiden Name for each staff member that you want to delete. Please make a copy of the blank form if additional room is needed. Note: The Birth Date and Mother's Maiden Name are needed to verify the identity of the user.

MAIL or FAX the completed from to: Missouri Department of Elementary and Secondary Education**,** Information Technology Security Administrator**,** PO Box 480, Jefferson City, MO 65102 or FAX: 573-526-4125

QUESTIONS: Security Administrator, webreplyafsit@dese.mo.gov

Sheltered Workshop Roles:

SW Data entry   This person will be able to:
- o   Enter monthly time sheet information for employees
- o   Change employee information

SW Manager   This person will be able to:
- o   Enter monthly time sheet information for employees
- o   Change employee information
- o   Approve/Submit monthly time sheet information for the workshop
- o   Hire applicants to your workshop
- o   Transfer employees to your workshop
- o   Reinstate employees to your workshop
- o   Terminate employees from your workshop

SHELTERED WORKSHOP - SW DATA ENTRY

First Name	Middle Name	Last Name	Birth Date	Mother's Maiden Name

SHELTERED WORKSHOP - SW MANAGER

First Name	Middle Name	Last Name	Birth Date	Mother's Maiden Name

Signature of Authorized Representative	**DATE**

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